

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO 10724972 FILING DATE 12 1 03
APPLICANT(S)

| | CLAIMS | | | | | |
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| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| TOTAL DEP. | | 19 | | | | |
| TOTAL | | | | | | |